

**Subject:** FW: Emailing: Qualification  
**From:** "Bill Fisher" <bfisher8@airmail.net>  
**Date:** Thu, 20 Jan 2005 19:16:11 -0600  
**To:** <RICROBSPT@aol.com>  
**CC:** "D'Angelo Lee" <Medlocklee@aol.com>

Ric,

I faxed a completed example set yesterday to Jibreel. Here is the form. Call me if you need help with the forms or information.

Thanks,

Bill

-----Original Message-----

From: Dewey Stevens [<mailto:deweystevens@comcast.net>]  
Sent: Thursday, January 20, 2005 10:12 AM  
To: Bill Fisher  
Cc: Renee Pritchett  
Subject: Emailing: Qualification

The message is ready to be sent with the following file or link attachments:

Qualification

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

**Qualification.doc**

## EXHIBIT A

### GENERAL CONTRACTOR/SUBCONTRACTOR/SUPPLIER QUALIFICATION CHECKLIST

Name of Subcontractor/Supplier: \_\_\_\_\_

Address: \_\_\_\_\_

Type of company: \_\_\_\_\_  
(Corporation, Partnership, Individual, Joint Venture, other - specify)

Type of Work: \_\_\_\_\_

(Earthwork/Excavation, Utilities, Concrete, Masonry/plaster/stucco, Rough Carpentry labor, Turn key subcontractors, or panelizers, Roofing, Unit Carpentry, Drywall, Painting, Mechanical, Fire Protection, Electrical, Plumbing, Shell Contractor, General Contractor)

Has your organization performed work for Provident Realty Advisors in the past? \_\_\_\_\_

#### 1. ORGANIZATION

- 1.1. How many years has your organization been in business?
- 1.2. How many years has your organization been in business under its present business name?
- 1.3. Under what other or former names has your organization operated?
- 1.4. On a separate sheet, provide your company organizational chart.
- 1.5. Identify the contract Project Manager who will be responsible for oversight and management of contract performance and who will act as the contact person for receipt of notices and other communications:
- 1.6. Location of the office from which the work will be managed:
- 1.7. List on a separate sheet, a statement of the experience of staff and the total number of employees (distinguishing between administrative, staff, management and principal partners or officers).

#### 2. LICENSING

- 2.1 List the states and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.
- 2.2 List jurisdictions in which your organization's partnership or trade name is filed.

#### 3. EXPERIENCE

- 3.1 List the categories of work that your organization normally performs with its own forces.
- 3.2 Claims and Suits. (If your answer to any of the questions below is yes, please attach details.)

- 3.2.1 Has your organization ever failed to complete any work awarded to it?
- 3.2.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?
- 3.2.3 Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years?
- 3.3 Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach the details.)
- 3.4 On a separate sheet, list construction projects your organization has in progress, giving the name of the project, owner, architect, contract amount, percent complete and scheduled completion date.
- 3.5 State the total worth of work in progress and under contract.
- 3.6 On a separate sheet, list the major projects your organization has completed in the past five years, giving the name of the project, owner, architect, contract amount, date of completion and percentage of the cost of the work performed with your own forces.
- 3.7 State the average annual amount of construction work performed during the past five years.
- 3.8 On a separate sheet, list the construction experience and present commitments of the key individuals of your organization, including supervisory personnel you intend to place on Provident Realty Advisors project. Provide resumes of key personnel.

#### 4. MAJOR SUPPLIERS AND SUBCONTRACTORS

- 4.1 On a separate sheet, please list the names, addresses and telephone numbers of the major suppliers and subcontractors you intend to use on Provident Realty Advisors project, including the percentage of the cost of work to be performed on Provident Realty Advisors project.

#### 5. REFERENCES

- 5.1 Trade References
- 5.2 Bank References
- 5.3 Surety

Name of Bonding Company \_\_\_\_\_

Name and address of agent \_\_\_\_\_

- 5.4 Business References:

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## 6. FINANCING

### 6.1 Financial Statement

Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items:

- Current Assets (e.g. cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, material inventory and prepaid expenses);
- Net Fixed Assets;
- Other Assets;
- Current Liabilities (e.g. accounts payable, notes payable, accrued expenses, provisions for income taxes, advances, accrued salaries and accrued payroll taxes);
- Other Liabilities (e.g. capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).
- Revenue
- Cost of Goods Sold
- Gross Margin
- General and Administrative
- Total Operating Expenses
- Net Operating Income/(Loss)
- Other Income
- Taxes
- Net Income/(Loss)

6.2 Name and address of firm preparing attached financial statement, and date thereof

6.3 Is the attached financial statement for the identical organization named on page one?

6.4 If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g. parent, subsidiary).

6.5 Will the organization whose financial statement is attached act as guarantor of the contract for construction?

## 7. SAFETY

7.1 Identify the competent person(s) and/or safety representative(s) for this project and their duties.

7.2 Describe your company's approach and philosophy toward safety.

7.3 Supply a copy of your company's site-specific safety program for this project.

7.4 What is your company's policy toward fall protection?

7.5 Supply a copy of your company's EMR rating for the past two (2) years as provided from your insurance carrier.

7.6 Has your company been cited by OSHA (or any state run OSHA programs) for violations of the Occupational Safety and Health Act in the past three years? If so, please list those violations and any penalties paid.

7.7 What is your company's policy toward addressing imminent danger work?

7.8 Do you plan to lease employees or subcontract out any portion of your scope of work? If so, how many leased employees and/ or subcontractors do you anticipate using and does your company's safety program address safety to these persons' and/ or subcontractor's scope of work?

**8. INSURANCE**

Insurance certificate, which conforms with current Provident Realty Advisors requirements, is enclosed:

\_\_\_ Standard Subcontractor Insurance

\_\_\_ High Risk Subcontractor Insurance

\_\_\_ General Contractor Insurance

**9. OWNERSHIP**

Respondent's State of \_\_\_ Tax Account No: \_\_\_\_\_

Respondent's FBI No: \_\_\_\_\_

If Sole Owner: \_\_\_\_\_ Respondent's SS No: \_\_\_\_\_

If a Partnership: \_\_\_\_\_

Date of Organization: \_\_\_\_\_

Type of Partnership: General Partner(s): \_\_\_\_\_

If a Corporation: \_\_\_\_\_

Respondent's State of Incorporation: \_\_\_\_\_

Respondent's Charter No: Presidents Name: \_\_\_\_\_

Vice Presidents Name: Secretary's Name: \_\_\_\_\_

Treasurers Name: \_\_\_\_\_

Please identify each person who owns at least 25% of Respondent's business entity by name and social security number:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

**10. CERTIFICATION**

Submitted and Certified By:

\_\_\_\_\_  
Respondent's Printed Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Facsimile Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code